

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: WINDSOR HOUSE ST FRANCIS II (0009164)

Address: 3660 E DENTON AVE, ST FRANCIS, WI 53207

License Status: REGULAR

Licensed/Certified/Registered 04/01/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0097318 **End Date:** 05/25/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009168 Served 07/17/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(2)(b)	AT LEAST 18 YEARS OLD		
83.14(1)	TRAINING		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.33(3)(b)2.a	MEDICATIONS SHALL HAVE A LABEL		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		

Survey ID: 0095366 **End Date:** 07/05/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0094538 End Date: 04/08/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008799 Served 04/14/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	05/09/2006	Yes

Survey ID: 0093387 End Date: 08/18/2004 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 04/13/2005 **SOD #**10008799 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 02/13/2006

Date Investigation Completed: 05/25/2006

Subject Area(s)

RESIDENT RIGHTS
PHYSICAL PLANTS & SAFETY HAZARDS
NUTRITION & FOOD SERVICES
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009168

10009168

Date Complaint Received: 02/14/2005

Date Investigation Completed: 04/08/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/18/2004

Date Investigation Completed: 07/05/2005

Subject Area(s)

RESIDENT BEHAVIOR/FACILITY PRACTICE

Result

NOT SUBSTANTIATED

SOD #

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